

REGISTRATION FORM

**13th Topical Conference on High Temperature Plasma Diagnostics
Sheraton El Conquistador, Tucson, Arizona, USA
June 18-22, 2000**

PLEASE TYPE OR PRINT LEGIBLY

Name: (Last, First, Middle) _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

CONFERENCE COSTS (ALL FEES ARE US DOLLARS)

| | | | |
|-----------------------|----------|------------------------|----------|
| Pre-registration fee: | \$300.00 | Late registration fee: | \$350.00 |
| | | (after May 12, 2000) | |

On-site registration fee: \$400.00

| | | | |
|-------------------------------|----------|---|----------|
| Student pre-registration fee: | \$130.00 | Late and on-site student registration fee: | \$150.00 |
|-------------------------------|----------|---|----------|

\$ _____

PLEASE INDICATE PARTICIPATION:

| | | |
|--|------------------------------|-----------------------------|
| Registration/reception, Sunday, June 18, 2000: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Tour, Kitt Peak, Monday, June 19, 2000 - \$32.00 : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Tour, Sonora Desert Museum, Wednesday, June 21, 2000 - \$36.00 : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Banquet, Tuesday, June 20, 2000 - \$35.00 : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Guest banquet ticket - \$35.00 : | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Guest Name: _____

\$ _____

Special Dietary Requirements: Vegetarian Other _____

Make check payable in US dollars to **13th Topical Conference on HTPD**

Credit Cards will be accepted (**Visa and MasterCard only**)

Your credit card will be processed one-two weeks prior to the conference. You will receive a receipt at the conference registration desk.

Credit Card (please circle one): Visa MasterCard

Card Number: _____

Expiration Date: _____

Signature: _____

LANL Participants:

Please provide cost center code/program code/cost account/work package for registration fee:

_____/_____/_____/_____

RETURN REGISTRATION FORM BY MAY 12, 2000

Los Alamos National Laboratory, Protocol Office, MS P366

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FAX: (505) 667-7530

Total Payment: \$ _____